

A. CROP ROTATION PLANS: (Use one line for each rotation used)

Crop rotation plan	Field numbers where plan is followed	Anticipated changes

B. WEED MANAGEMENT PLAN:

1. What are your problem weeds?

2. What weed control methods do you use?

- | | | |
|--|---|--|
| <input type="checkbox"/> crop rotation | <input type="checkbox"/> field preparation | <input type="checkbox"/> prevention of weed seed set |
| <input type="checkbox"/> delayed seeding | <input type="checkbox"/> monitoring soil temperature | <input type="checkbox"/> soil sterilization |
| <input type="checkbox"/> use of hand tools | <input type="checkbox"/> use of fast emerging varieties | <input type="checkbox"/> mechanical cultivation |
| <input type="checkbox"/> hand weeding | <input type="checkbox"/> mowing | <input type="checkbox"/> livestock grazing |
| <input type="checkbox"/> flame weeding | <input type="checkbox"/> steam weeding | <input type="checkbox"/> electrical |
| <input type="checkbox"/> smother crops | <input type="checkbox"/> non-synthetic mulch | <input type="checkbox"/> black fallow |
| <input type="checkbox"/> synthetic mulch | <input type="checkbox"/> soap-based herbicides | <input type="checkbox"/> corn gluten |
| <input type="checkbox"/> other (specify): | | |

3. Are any restricted weed management strategies implemented? ☐ none useda. If you use plastic or other synthetic mulches, is the mulch removed at the end of the growing or harvest season? ☐ Yes ☐ No

i. If no, why not?

b. If you use corn gluten, is the corn genetically modified? ☐ Yes ☐ No

i. If no, what verification do you have?

c. If you use soap-based herbicides, list all areas where used:

d. If you use newspaper or other recycled paper for mulch, do you use paper with glossy or colored inks?

☐ Yes ☐ No

4. Rate the effectiveness of your weed management program:

- ☐
- excellent
- ☐
- satisfactory
- ☐
- needs improvement

5. What changes do you anticipate?

6. How do you monitor the effectiveness of your weed management program?

- ☐ weed counts
 ☐ records kept of observations/counts
☐ observation of weed types
 ☐ comparison of crop yields
☐ other (specify):

7. How often do you conduct weed monitoring?

- ☐ weekly
 ☐ monthly
 ☐ annually
 ☐ as needed
 ☐ other (specify):

C. PEST MANAGEMENT PLAN:

1. What are your problem pests? ☐ rodents ☐ gophers ☐ birds

- ☐ insects (list):
☐ other animals (specify):

2. Do you work with a pest control advisor? ☐ Yes ☐ No

a. If yes, give name and contact information:

3. What strategies do you use to control pest damage to crops?

- | | | |
|---|---|---|
| <input type="checkbox"/> none used | <input type="checkbox"/> crop rotation | <input type="checkbox"/> selection for plant species/varieties |
| <input type="checkbox"/> timing of planting | <input type="checkbox"/> companion planting | <input type="checkbox"/> development of habitat for natural enemies |
| <input type="checkbox"/> frog ponds | <input type="checkbox"/> bat houses. | <input type="checkbox"/> use of restricted products |
| <input type="checkbox"/> hand picking | <input type="checkbox"/> monitoring | <input type="checkbox"/> trap crops |
| <input type="checkbox"/> physical barriers | <input type="checkbox"/> physical removal | <input type="checkbox"/> use of approved products |
| <input type="checkbox"/> lures | <input type="checkbox"/> bird houses | <input type="checkbox"/> limited use of prohibited products |
| <input type="checkbox"/> animal repellents | <input type="checkbox"/> traps | <input type="checkbox"/> release of predators/parasites of pest species |
| <input type="checkbox"/> IPM | <input type="checkbox"/> insect repellents | <input type="checkbox"/> other (specify): |

4. List all pest control products used or intended for use in the current season on organic and transitional fields.
All inputs used or intended for use during the current year and in the previous three years must be listed on your Field History Sheet. ☐ Not applicable

Pest problem	Control product	Approved				If restricted, describe compliance with NOP rule annotation
		N O P	I S D A	W S D A	O M R I	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5. Rate the effectiveness of your pest management program?

☐ excellent ☐ satisfactory ☐ needs improvement

6. What changes do you anticipate?

7. How do you monitor the effectiveness of your pest management program?

☐ insect monitoring with traps ☐ observation of crop health ☐ comparison of crop yields
☐ crop quality testing ☐ monitoring records kept ☐ other (specify)

8. How often do you conduct pest monitoring?

☐ weekly ☐ monthly ☐ annually ☐ as needed ☐ other (specify):

D. DISEASE MANAGEMENT PLAN:

1. What are your problem crop diseases?

2. What disease prevention strategies do you use?

☐ crop rotation ☐ field sanitation ☐ limited use of prohibited materials
☐ plant spacing ☐ soil balancing ☐ selection of plant species/varieties
☐ solarization ☐ vector management ☐ timing of planting/cultivating
☐ companion planting ☐ use of restricted materials ☐ use of approved materials
☐ compost/tea use ☐ other (specify):

3. List all disease management inputs used or intended for use on your organic and transitional fields/crops. *All inputs used or intended for use during the current year and used in the previous three years must be listed on your Field History Sheet.* ☐ Not applicable

Disease problem	Control product	Approved				If restricted, describe compliance with NOP rule annotation
		N O P	I S D A	W S D A	O M R I	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. Rate the effectiveness of your disease management program?

☐ excellent ☐ satisfactory ☐ needs improvement

5. What changes do you anticipate?

6. How do you monitor the effectiveness of your pest management program?

☐ observation of soil ☐ soil testing ☐ microbiological testing

☐ observation of crop health

☐ crop quality testing

☐ comparison of crop yields

☐ monitoring records kept

☐ irrigation district

☐ other (specify):

7. How often do you conduct pest monitoring?

☐ weekly

☐ monthly

☐ annually

☐ as needed

☐ other (specify):